

If Disaster Strikes...



**You should know about
Disaster
Unemployment
Assistance**

August 2017

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WAYS TO CONTACT UNEMPLOYMENT INSURANCE (UI)

VISIT OUR WEBSITE www.michigan.gov/uia

USE THE MICHIGAN WEB ACCOUNT MANAGER (MiWAM) You can sign up for a web account with UI. This will allow you to perform routine transactions such as filing claims, certifying for benefits, viewing correspondence, and updating your unemployment claim information online. The system is accessible 24 hours a day, seven days a week, Sunday through Saturday. Go to the website address above and click on the MiWAM logo to register as a new user or access your existing account. First time users will need to click on "Sign Up for a Claimant MiWAM Account".

CALL UI Call **1-866-500-0017**, Monday – Friday, 8:00 a.m. to 4:30 p.m. Eastern Time (ET), if you need a Spanish-speaking representative, wait until you hear the option in Spanish. For all other languages, the customer service representative will connect you to a translator for assistance. If you are hearing impaired, **TTY** service is available at **1-866-366-0004**.

FAX UI FAX your responses to UI forms or correspondence to the FAX number on the form. Protests or any other correspondence, should be faxed to **1-517-636-0427**. Appeals should be faxed to 1-616-356-0739. **Please include your name, Social Security number, signature, and date on all correspondence.** Keep a copy for yourself. Print and keep confirmation showing your FAX was received.

WRITE UI Mail your responses to UI forms or correspondence to the address on the form. Protests or appeals should be mailed to Unemployment Insurance at one of the addresses below. **Please include your name, Social Security Number, signature, and date on all correspondence.** Keep a copy for yourself.

Protests: Unemployment Insurance
P.O. Box 169
Grand Rapids, MI 49501-0169

Appeals only: Unemployment Insurance
P.O. Box 124
Grand Rapids, MI 49501-0124

PROBLEM RESOLUTION OFFICE Open for walk-in customers

TRI-CITIES Saginaw — 4901 Towne Center, 1st Floor, Suite 103, Saginaw, MI 48604
Monday through Friday, 8:00 a.m. until 4:00 p.m.

The MiWAM Toolkit for Claimants can be found on the UI website at www.michigan.gov/uia. Viewing this website will show detailed instructions on how to set up a new web account or how to get to your current web account. It also contains other helpful information about MiWAM. Just click on the MiWAM logo.

RICK SNYDER
GOVERNOR



STATE OF MICHIGAN
TALENT INVESTMENT AGENCY
Unemployment Insurance
Michelle Beebe, Senior Deputy Director
3024 W. Grand Blvd., Detroit, MI 48202
www.michigan.gov/uia

Authorized by
MCL 421.1 et seq.

WANDA STOKES
TIA DIRECTOR

Notice of Disaster Unemployment Assistance

Dear Customer,

You recently received a *Monetary Determination* (Form UIA 1575C) to inform you of your disqualification for Unemployment Insurance benefits. This letter is to inform you that you may be qualified for Disaster Unemployment Assistance (DUA). The purpose of the DUA Program is to help individuals whose employment has been lost or interrupted as a direct result of a major disaster as declared by the President.

This booklet will help you understand the purpose of the DUA program and the eligibility requirements, and who to call with questions about the program. Carefully read all documents in this booklet, sign and return all documents as required. You must complete Form UIA 1554, *Application for DUA Benefits* (pages 1-3) if you are applying for Disaster Unemployment Assistance. **If you are self-employed, you must complete the form in its entirety (pages 1-8).**

Documents included in this packet are:

- UIA 1873-DUA, *DUA If Disaster Strikes...You Should Know About Disaster Unemployment Assistance*
- UIA 1071, *Disaster Unemployment Assistance (DUA) Rights Guide Sheet*
- UIA 1554, *Application for DUA Benefits - DUA with Self-employment Application and Wage Statement*
- UIA 1222, *Notice to Register for Work*
- UIA 1785, *Bi-Weekly Certification for Disaster Unemployment Assistance (DUA)*
- UIA 1583, *Record of Work Search*

Important

U.S. Military Employment- If you were in the military service during the past 18 months, you may be able to use this service to qualify for benefits. Send a copy of your Form DD 214-Member 4, with your application. This form is issued by the military at the time of discharge. Failure to include this form will delay the processing of your claim.

Federal Employment- If you were employed by the federal government as a civilian, you should have received a Standard Form 8 (SF-8) and Standard Form 50 (SF-50) from your employer. If you have these forms, send a copy showing your Social Security number with your application. Failure to include these forms will delay the processing of your claim. If you worked outside of Michigan, include the full address of your work location (and the payroll address if different from your work location).

To speed up the processing of your application, follow these instructions carefully:

- Read and complete all pages of the application (Form UIA 1554)
- Use black or blue ink and print clearly
- Before delivering to UI, make sure all requested information is complete
- Provide all requested documentation
- Sign and date your application
- Be sure to include your printed name and Social Security number on all documents

For information on when to file and where to file for DUA, refer to the pamphlet, Form UIA 1873.

Keep a copy of all documents for your records.

If you have any questions contact a Customer Service Representative at 1-866-500-0017, Monday through Friday, 8:00 a.m. to 4:30 p.m. If you need a Spanish-speaking representative, wait until you hear the option in Spanish. For all other languages, the Customer Service Representative will connect you to a translator for assistance. If you are hearing impaired, TTY service is available at 1-866-366-0004.

HOW MUCH ARE PAYMENTS?

The DUA weekly amount is computed in accordance with the unemployment formula used to compute weekly benefit amounts under the Michigan Employment Security (MES) Act. The weekly amount payable to an individual is reduced by wages earned (or by pension received for that week in accordance with Michigan law).

Reduction will also be made by the amount of private income protection (or replacement) insurance, or any other type of benefit for loss of wages due to illness or disability that an individual receives or would receive for that week by properly applying.

ARE FEDERAL TAXES WITHHELD?

DUA benefits are subject to Federal income tax. Individuals may elect to have Federal withholding deducted from their DUA payments. Individuals will receive Form 1099-G to file with their income tax return.

HOW LONG DOES THE PAYMENT PERIOD LAST?

A uniform disaster period will be established for all applicants with respect to each disaster. It will begin the first week after a major disaster occurs and will end 26 weeks after the President declares that an area was affected by a major disaster.

HOW OFTEN SHOULD I CERTIFY/REPORT?

The individual must continue to certify bi-weekly using Form UIA 1785, *Bi-Weekly Paper Certification for Disaster Unemployment Assistance* (DUA) benefits.

WHAT CAUSES BENEFITS TO BE TERMINATED?

An individual can be disqualified for DUA benefits or DUA benefits can be terminated if any of the following occur:

1. becomes employed and the earnings exceed the weekly benefit amount allowed;
2. refuses to accept suitable employment without good cause;
3. refuses to accept a referral to suitable employment without good cause;

4. is not able to work (unless the inability is due to an injury caused as a direct result of the disaster);
5. is not available for work, unless the unavailability is due to the individual's preparation to resume self-employment; or
6. is no longer unemployed as a direct result of the disaster.

EMPLOYMENT SERVICE

All persons in the State of Michigan are entitled to assistance from the Michigan Works! Agency in obtaining work. This applies to individuals unemployed due to a declared disaster as well as those unemployed for any other reason. DUA claimants must register for work with the Michigan Works! Agency and actively seek work to be eligible for benefits.

APPEALS

Any denial of DUA benefits may be appealed. Individuals must file the appeal within 60 days of the mail date on the determination.

FOR MORE DETAILS . . .

For more detailed information about the DUA Program, please call us toll-free at:

1-866-500-0017

TTY customers: 1-866-366-0004

The information contained in this pamphlet is general and does not have the force or effect of law.



Rick Snyder
Governor



Wanda M. Stokes
TIA Director

TIA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

TTY services are available at 1-866-366-0004.

State of Michigan, Talent Investment Agency, Unemployment Insurance,

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UIA 1873 (Rev. 8-17)

If Disaster Strikes...



You should know about
**Disaster
Unemployment
Assistance**

DUA

WHAT IS DUA?

Disaster Unemployment Assistance (DUA) Program provides temporary assistance to individuals whose employment or self employment has been lost or interrupted as a result of a major disaster and who are not eligible for regular unemployment insurance (UI).

DEFINITION OF A MAJOR DISASTER

A “major disaster” is defined as any natural catastrophe (such as a hurricane, tornado, earthquake, snowstorm, flood, etc.) or other types of disasters (such as explosion, natural gas leak, etc.) declared by the President to warrant government assistance to communities and individuals directly affected by the disaster. Based on a request from a state Governor, the President issues a disaster declaration and defines the disaster area.

HOW IS DUA FINANCED?

The U.S. Secretary of Labor is authorized to administer DUA, using the federal-state unemployment (UI) system to take applications, process them, and disburse payments. Funds are provided by the Federal Emergency Management Agency (FEMA) for DUA benefits. These funds are federally appropriated and are not derived from employer payroll taxes used to finance the regular UI program.

WHICH FEDERAL LAW GOVERNS DUA?

Sections 410 and 423 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (referred to as the Stafford Act) Title 20, Chapter V, Part 625, Code of the Federal Regulations (20 CFR 625), as amended.

WHO CAN QUALIFY FOR DUA?

One of the following conditions of unemployment must have occurred as a direct result of the disaster in order for the individual to qualify for DUA:

1. has had a week of unemployment following the date the major disaster began; or
2. is unable to reach his/her place of employment; or
3. was scheduled to start work and the job no longer exists or the individual was unable to reach the job; or
4. became the major support because the head of the household died as a direct result of the disaster; or
5. cannot work because of a disaster-incurred injury.

WHO IS ELIGIBLE FOR DUA?

In order to be eligible for DUA, an individual who meets one of the qualifying conditions above must also meet **all** of the following eligibility requirements:

1. is not eligible for regular UI benefits; and
2. is unemployed as a direct result of the disaster; and
3. is unable to work because of an injury caused as a direct result of the disaster; or
4. has filed an application for DUA within 30 days of the date of the public announcement of the availability of DUA; and
5. has not refused an offer of employment in a suitable position.

WHEN AND WHERE TO FILE

DUA Applications must be filed within 30 days of the date the availability of DUA in Michigan is announced. Persons who believe they are entitled to DUA should immediately contact UI Customer Service at 1-866-500-0017 (TTY customers use 1-866-366-0004) for an

application package; or visit a Problem Resolution Office (PRO). A DUA application package will be available on our website at www.michigan.gov/ua, when a disaster affects Michigan workers whose employment has been interrupted as a result of a major disaster. DUA applicants should have proof of their Social Security number, proof of employment, and proof of income. Proof of employment is used to determine if the individual was employed or self employed or the planned commencement of employment or self-employment at the time the disaster occurred. Proof of income is used to establish the DUA Weekly Benefit Amount (WBA). Proof of income is used to verify wages earned during the last completed tax year, even if a tax return has not been filed for that year. Individuals applying for DUA should submit their application package to:

Talent Investment Agency
Unemployment Insurance
P.O. Box 169
Grand Rapids, Michigan 49501-0169
or faxed to: 1-517-636-0427

WHAT PROOF OF EMPLOYMENT IS REQUIRED?

Proof such as an income tax return, bank statements, last pay stub, work order, etc. is required to substantiate employment or self-employment or to substantiate work that was to begin on or after the date of the disaster. If proof of employment cannot be provided at the time the claim is filed, individuals have 21 calendar days from the time the claim was filed to meet this requirement. Failure to submit this documentation within the 21 days will result in a denial of DUA and any benefits already paid will be considered overpaid. Individuals are required to repay any benefits that are overpaid.

HOW ARE PAYMENTS DETERMINED?

The WBA will be based on the gross wages of the individual. If the individual is self-employed, the WBA will be based on the net earnings (income) from self-employment. If the individual qualifies for less than 50 percent of the state's regular UI WBA, the WBA will be increased to 50 percent of the average WBA, with exceptions for part-time workers.



Disaster Unemployment Assistance (DUA) Rights Guide Sheet

Qualifying Requirements

In order to become eligible for DUA, you must meet one of the following qualifying requirements:

- You are unemployed as a direct result of the disaster.
- You are unable to reach the place of employment as a direct result of the disaster.
- You are employed, or were scheduled to begin employment, and do not have a job or are unable to reach the job as a direct result of the disaster.
- You are the breadwinner or major supporter for a household because the head of the household has died as a direct result of the disaster.
- You are unable to work because of an injury caused as a direct result of the disaster.

Eligibility Requirements

All of the following conditions of unemployment must have occurred as a direct result of the disaster to become eligible for DUA:

- Michigan must be entered into an Agreement for the week of the disaster.
- Your first week of qualifying DUA unemployment begins the week of the Disaster Assistance Period.
- You must be unemployed due to the disaster.
- Your completed DUA application and bi-weekly certifications must be submitted to Unemployment Insurance timely.
- You must be able to work unless inability is a direct result of the disaster.
- You must be available for work.
- You have not refused a bona fide offer of work in a suitable position, or have not refused without good cause to begin or continue suitable employment any week during the Disaster Assistance Period.
- If you are under a disqualification or ineligibility during the base period (18 months) prior to the disaster you are qualified for DUA benefits.
- You are not eligible for benefits under any other Unemployment Insurance (UI) program.
- You must file for DUA within 30 days after the announcement of the disaster.

Weekly Benefit Amount (WBA)

- Your base period uses your wages from the most recently completed tax year.
- Your DUA WBA is calculated using the same formula for regular state UI WBA, (by multiplying your highest quarterly wage by 4.1% rounded down to the nearest dollar.)
- Self-employed earnings and non-labile earnings are treated as if they were from a liable employer.
- For self-employed, net income is considered when determining the Average Weekly Wage (AWW).
- The minimum DUA WBA for full-time workers is \$154.00.
- Part-time workers who are not entitled to at least the minimum will get a percentage of the minimum.
- Pensions from the DUA base period employers will reduce benefits. The amount is to be determined by the percentage contributed by the claimant.
- Denial periods from the DUA base period employers will reduce benefits.

Duration of Benefits

- Begins Sunday after disaster date and ends 32 weeks after the declaration date.
- Disaster Assistance Period dates for the current disaster are 6-25-2017 through 2-3-2018.

Verification Requirements

- You must be able to verify **disaster-related employment, self-employment, or potential employment** within 21 days of application or your claim will be denied and restitution will be established.
- You must verify your DUA **base period earnings** within 21 days of DUA application or your WBA will be redetermined, and restitution may be required.

A copy of your income tax return for the most recent completed tax year can verify both.

Calendar Week

- Sunday through Saturday.

Back to Work

- Eligibility ends when you are back to work at your customary full-time hours.
- Report your back to work information when you report for your bi-weekly DUA benefits.

Reporting Requirements

- You cannot use MARVIN to certify for DUA benefits. You must use Form UIA 1785, *Bi-Weekly Certification for Disaster Unemployment Assistance (DUA)*.
- Your certification Form UIA 1785 must be mailed to Unemployment Insurance, P.O. Box 169, Grand Rapids, MI 49501-0169, faxed to 1-517-636-0427, or return to the nearest Problem Resolution Office.
- Completed certification forms must be received within seven calendar days of the second week.
- You may be ineligible for any week(s) that you are late reporting.

Seeking Work

- You must register at a Michigan Works! Agency unless there is a definite return to work day within 120 days.
- You must seek two places of employment each week. Submit your Form UIA 1583, *Record of Work Search*, online at www.michigan.gov/uia, by mail at Unemployment Insurance, P.O. Box 169, Grand Rapids, Michigan 49501-0169 or by fax 1-517-636-0427.
- If you are self-employed, you are considered seeking work if you are taking action to resume full-time employment.

Reportable Earnings

- If you are still employed, report gross earnings as of the week earned.
- Earnings offset formula used for employment earnings is 1.5 times the WBA.
- For self-employed, report gross earnings as of the week received.
- Earnings offset for formula used for self-employment income is 1.5 times the WBA.

Other Benefits Affecting Entitlement

Your DUA benefits may be affected if you are receiving:

- Benefits or insurance from any source of loss of wages due to illness and disability.
- Private income protection insurance.
- Worker's disability benefits payable due to death of head of household due to disaster.
- Supplemental income pursuant to the collective bargaining agreement (sub-pay) reduces entitlement (dollar-for-dollar).
- A retirement benefit or an annuity (it can reduce your entitlement).
- Social Security benefits

Penalties for Fraud

- If fraud is found at the time of your application, you will be disqualified for the entire Disaster Assistance Period.
- If fraud is found during DUA period, you will be disqualified for the next 2 compensable weeks.
- You will be required to repay benefits overpaid, even if the overpayment is not due to fraud.
- If overpayment is due to fraud, you will be required to pay a penalty of 1½ times the overpayment and interest, in addition to the overpayment.
- DUA overpayments **cannot** be waived.

Protest and Appeal Rights

If you do not agree with your determination, you can

- Protest your Determination within 60 days from the mail date of your Determination.
- Appeal period to the Regional Administrator is within 15 days of the mail date from your Appeal Notice.

Send the protest of your **Determination** to an Administrative Law Judge at:

Unemployment Insurance
P.O. Box 169
Grand Rapids, Michigan 49501-0169

Send your request for **Appeal** from a decision of an Administrative Law Judge to the Regional Administrator at:

U.S. Department of Labor
Employment and Training Administration
230 S. Dearborn St., 6th Fl.
Chicago, IL 60604
Attn: Regional DUA Coordinator

If you have any questions contact Customer Service at 1-866-500-0017 (TTY Customers use 1-866-366-0004).



UIA 1554
(Rev. 07-17)

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
TALENT INVESTMENT AGENCY
Unemployment Insurance

Michelle Beebe, Senior Deputy Director
3024 W. Grand Blvd., Detroit, MI 48202
www.michigan.gov/uia

Authorized by
MCL 421.1 et seq.
WANDA STOKES
TIA DIRECTOR

Application for Disaster Unemployment Assistance

Instructions: Use black ink and print clearly to complete all pages of this application. Before signing and dating this application, double check that all the information on this application has been answered and is correct. If you have any questions about this application, go to the nearest Problem Resolution Office or contact UI at 1-866-500-0017. TTY customers call 1-866-366-0004.

Identification Information

Write your Social Security number: _____ Have you worked under more than one Social Security number? ☐ Yes ☐ No
If yes, write the Social Security number(s): _____ and/or _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ SUFFIX _____
State Driver's License or State ID _____ Issuing State _____

Demographic Information

MAILING ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____
TELEPHONE NUMBER _____ EMAIL ADDRESS _____ DATE OF BIRTH _____ / _____ / _____
☐ Male ☐ Female
• Are you Hispanic or Latino? ☐ Yes ☐ No Are you? ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ Some Other Race ☐ Two or More Races ☐ White
• What level of education did you complete? ☐ Less than a High School Graduate ☐ High School/GED ☐ Some College or Associates Degree ☐ Bachelor Degree ☐ Graduate or Professional
• Are you a U.S. Citizen?¹ ☐ Yes ☐ No If no, do you give the Unemployment Insurance (UI) permission to verify your Alien status with U.S. Citizenship and Immigration Services (USCIS) in order to process your claim? ☐ Yes ☐ No What is your Alien ID Type? _____ Alien Registration Number _____
Expiration Date _____ / _____ / _____
• Are you claiming any dependents?² ☐ Yes ☐ No If yes, how many dependents do you want to claim? _____ (A maximum of 5 dependents are allowed.)
• Do you want State and Federal taxes withheld?³ ☐ Yes ☐ No If yes, how many exemptions do you want? _____

Additional Information

1. A claim for unemployment benefits usually begins the week that it is filed. When do you want your claim to begin? This needs to be a Sunday date. _____ / _____ / _____
2. In the last 18 months, did you work in any state(s) other than Michigan? This includes the District of Columbia, Commonwealth of Puerto Rico, and the U.S. Virgin Islands. This does not include military or Federal employment. ☐ Yes ☐ No
If yes, how do you want to file? ☐ File my claim using Michigan wages only. ☐ File my claim using Michigan wages and other state(s).
☐ File my claim in another state using only that state's wages. ☐ File my claim in another state using wages from all the state(s) I worked.
3. In the last 14 months, did you file a claim for unemployment benefits against another state? This includes the District of Columbia, Commonwealth of Puerto Rico, and the U.S. Virgin Islands. This does not include military or Federal employment. ☐ Yes ☐ No If yes, in what state did you file a claim? _____
4. Are you currently attending school or training? ☐ Yes ☐ No If yes, on what date did you begin your semester or term? _____ / _____ / _____
What date do you expect to complete your school or training? _____ Are you attending school or training full-time? ☐ Yes ☐ No
Did you limit your availability for work due to school or training? ☐ Yes ☐ No



TIA is an equal opportunity employer/program.

Employer 1 List the employer(s) you have worked for in the last 18 months. Attach another sheet of paper if you have more than two employers

EMPLOYER'S LEGAL NAME

worked for: ☐ Military branch ☐ Federal government ☐ Regular Michigan Employer
☐ Non-Michigan Employer

FEIN: _____ Employer Account Number⁴ _____

DOING BUSINESS AS (DBA)

EMPLOYER ADDRESS

TELEPHONE NUMBER _____

STATE _____

CITY _____

ZIP CODE _____

- How many hours per week did you work? _____ What was the rate of pay you received? _____
- What was your first day worked? ____/____/____ What was your last day worked? ____/____/____
- What was your separation reason?⁵ Choose one and put number here ____: 1-Assault & Battery 2-Deliberate Destruction of Property 3-Fired 4-Holiday Break 5-Hours Reduced 6-Illegal Drugs 7-Imprisonment 8-Intoxication 9-Labor Dispute (Strike) 10-Laid Off 11-Leave of Absence 12-Quit 13-Retired 14-Still working, no reduction in hours 15-Suspended/Disciplinary Lay Off 16-Temporary Shutdown 17-Theft
- Do you expect to receive any payments after your last day of work? ☐ Yes ☐ No If yes, for? Hours worked ☐ Yes ☐ No; Vacation pay ☐ Yes ☐ No; Holiday pay ☐ Yes ☐ No; Bonus ☐ Yes ☐ No; Sick pay ☐ Yes ☐ No; Separation, severance, wage continuation, payment in lieu of notice, or termination pay ☐ Yes ☐ No
- Are you receiving retirement benefits? ☐ Yes ☐ No If yes, when do you expect to receive your first pension payment? ____/____/____
- Is this pension paid by a skilled trade's union trust fund? ☐ Yes ☐ No
- What state did you last work for this employer? _____ If in Michigan, what county? _____
- Are you required to seek work exclusively through a Union Hiring Hall? ☐ Yes ☐ No
- Did this employer give you a return to work date? ☐ Yes ☐ No If yes, what date do you expect to return to work with your former employer? ____/____/____

Employer 2

EMPLOYER'S LEGAL NAME

worked for: ☐ Military branch ☐ Federal government ☐ Regular Michigan Employer
☐ Non-Michigan Employer

FEIN: _____ Employer Account Number⁴ _____

DOING BUSINESS AS (DBA)

EMPLOYER ADDRESS

TELEPHONE NUMBER _____

STATE _____

CITY _____

ZIP CODE _____

- How many hours per week did you work? _____ What was the rate of pay you received? _____
- What was your first day worked? ____/____/____ What was your last day worked? ____/____/____
- What was your separation reason?⁵ Choose one and put number here ____: 1-Assault & Battery 2-Deliberate Destruction of Property 3-Fired 4-Holiday Break 5-Hours Reduced 6-Illegal Drugs 7-Imprisonment 8-Intoxication 9-Labor Dispute (Strike) 10-Laid Off 11-Leave of Absence 12-Quit 13-Retired 14-Still working, no reduction in hours 15-Suspended/Disciplinary Lay Off 16-Temporary Shutdown 17-Theft
- Do you expect to receive any payments after your last day of work? ☐ Yes ☐ No If yes, for? Hours worked ☐ Yes ☐ No; Vacation pay ☐ Yes ☐ No; Holiday pay ☐ Yes ☐ No; Bonus ☐ Yes ☐ No; Sick pay ☐ Yes ☐ No; Separation, severance, wage continuation, payment in lieu of notice, or termination pay ☐ Yes ☐ No
- Are you receiving retirement benefits? ☐ Yes ☐ No If yes, when do you expect to receive your first pension payment? ____/____/____
- Is this pension paid by a skilled trade's union trust fund? ☐ Yes ☐ No
- What state did you last work for this employer? _____ If in Michigan, what county? _____
- Are you required to seek work exclusively through a Union Hiring Hall? ☐ Yes ☐ No
- Did this employer give you a return to work date? ☐ Yes ☐ No If yes, what date do you expect to return to work with your former employer? ____/____/____

Your Rights and Responsibilities

Before you complete an application for unemployment benefits, it is important that you understand that you have rights and responsibilities regarding collecting unemployment benefits.

You will be receiving a Monetary Determination in the mail. Read it carefully. It provides you with information you need to know:

- If you meet the monetary requirements to establish a claim,
- Your Weekly Benefit Amount (WBA), number of weeks allowed, and the calculations involved,
- If you are required to register for work in order to collect benefits,
- How to protest your Monetary Determination if you do not agree,
- If you need to provide additional information.

Protect your rights. Read and follow the instructions in any pamphlets, documents, or correspondence sent to you by Unemployment Insurance (UI).

- At times you may be asked to provide a document or complete a form and return it within 10 days. Failure to provide the requested information could affect your right to benefits.
- Remember to put your Social Security number or Letter ID and your name on all information or documents that you send to the UI. Print clearly and use black ink.
- In accordance with Section 62 of the MES Act, Unemployment Insurance may require repayment of benefits up to 3 years after the first benefit payment was issued; therefore, you are advised to keep your address up to date with UI for up to 3 years after your last benefit payment.
- If you reside in another state or are moving out of Michigan within the next three weeks, you must register for work with the state employment service provider in your new state of residence. You must register for work timely or you may not receive unemployment benefits.
- To claim benefits, you must certify using Form UIA 1785, *Bi-Weekly Paper Certification*, that you can get in a UI Problem Resolution Office. You must certify every two weeks to claim your unemployment benefits for the previous two weeks.

All information requested on this Disaster Unemployment Assistance (DUA) application and other DUA forms is voluntary but is required in order to promptly process your claim. The request for information is authorized under Section 410 of the Robert T. Stafford Relief and Emergency Assistance Act. All information furnished will be confidential, except to the extent that release is authorized in the processing of your claim. Such information will not be used for any purpose other than establishing your entitlement to DUA, for statistical and research purposes by Unemployment Insurance and the U.S. Department of Labor (USDOL), and to ensure that benefits have been paid thoroughly.

I HEREBY apply for Disaster Unemployment Assistance (DUA) for the period of unemployment resulting from the announced disaster beginning _____. The disaster caused me to become unemployed for the following reason:

I CERTIFY that the information I have given on this form is correct to the best of my knowledge and belief. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE READ the statement required under the Privacy Act of 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM.

Signature _____

Date _____



¹Unemployment Insurance (UI) must confirm your status with the U.S. Citizenship and Immigration Services (USCIS) in order to process your claim. The Immigration Reform and Control Act (IRCA) precludes USCIS from using, publishing, or making available information related to your application for adjustment to temporary residence except as provided by law (confidentiality provision).

²You are allowed \$6.00 for each dependent, up to a maximum of 5 dependents. Even if dependents are allowed, your Weekly Benefit Amount cannot exceed \$362.00. Do not claim yourself as a dependent. To claim a person as a dependent you must have provided more than half the cost of his or her support for at least 90 days immediately before filing your claim. If the marital or parental relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship.

- You can claim your husband or wife.
- You can claim your child, adopted child, stepchild, or grandchild, orphaned brother or sister if under the age of 18 years, or under the age of 22 if enrolled full-time in school, or if the child is over age 18 and is unable to engage in employment because of a physical or mental infirmity.
- You can claim your legal father and/or mother, if over the age of 65 or permanently disabled.
- You can claim a person as a dependent even if you do not claim that person for income tax purposes. However, only one person may claim the same person as a dependent for unemployment benefit purposes.

Verification of dependents may be required.

³If you choose to have State and Federal taxes withheld from your benefits, 10% will be deducted for Federal taxes. The deduction for State taxes is based on the number of exemptions you claim.

⁴At the time you were separated from work, your employer may have provided you with the Employer Account Number. The number is 10 digits formatted as 1234567 000.

⁵ 1-Assault & Battery: This means you were fired for touching, threatening, or attempting to inflict harm to another person. If this is not the reason for your separation, return to the list to select another reason.

2-Deliberate Destruction of Property: This means you were fired for intentionally damaging company property. If this is not the reason for your separation, return to the list to select another reason.

3-Fired: This means you were let go or discharged by your employer for violation of company policy, attendance, poor job performance, or other reasons. If this is not the reason for your separation, return to the list to select another reason.

4-Holiday Break: This means you are not working your usual hours because the company is closed for a holiday. If this is not the reason for your separation, return to the list to select another reason.

5-Hours Reduced: This means you are not working enough hours each week to be considered full time. The employer determines your full time or part time status as an employee. You are currently not working enough hours to be considered a full time employee. If this is not the reason for your separation, return to the list to select another reason.

6-Illegal Drugs: This means you were fired for using or possessing a controlled substance while at work, testing positive for an illegal substance, or you refused to submit to a drug test. If this is not the reason for your separation, return to the list to select another reason.

7-Imprisonment: This means you were fired because you missed work due to being in jail or prison. If your conviction was for a traffic violation and you were absent from work for less than 10 consecutive days, your separation reason is not Imprisonment and you need to change your answer. If Imprisonment is not the reason for your separation, return to the list to select another reason.

8-Intoxication: This means you were fired for being under the influence of alcohol while at work or testing positive for alcohol. If this is not the reason for your separation, return to the list to select another reason.

9-Labor Dispute (Strike): This means you are involved in a work stoppage or withdrawal of services that has been coordinated by your bargaining representative (union) concerning your terms of hire or other working conditions. If this is not the reason for your separation, return to the list to select another reason.

10-Laid Off: This means you are not working because of a reduction in the work force, plant shut down, or the company closed. If this is not the reason for your separation, return to the list to select another reason.

11-Leave of Absence: This means you requested time off from work for medical reasons, family obligations, or other reasons. You are still employed with this employer but are not working. If this is not the reason for your separation, return to the list to select another reason.

12-Quit: This means you resigned or left your job for medical, personal, or work related reasons or you left to accept work with another employer. If this is not the reason for your separation, return to the list to select another reason.

13-Retired: The means you voluntarily or involuntarily left work and were qualified to leave on the basis of attained age, length of service, contract agreement, company policy, or disability. If this is not the reason for your separation, return to the list to select another reason.

14-Still Working with No Reduction in Hours: This means there has been no break in your employment and you are still working full time hours each week. If this is not the reason for your separation, return to the list to select another reason.

15-Suspended/Disciplinary: This means you are still employed with this employer but not working for disciplinary reasons. If this is not the reason for your separation, return to the list to select another reason.

16-Temporary Shut Down: This means you are not working your usual hours because the company or plant is closed for a short period of time and you are temporarily laid off. If this is not the reason for your separation, return to the list to select another reason.

17-Theft: This means you were fired for the unauthorized removal of employer property. If this is not the reason for your separation, return to the list to select another reason.

RICK SNYDER
GOVERNOR



STATE OF MICHIGAN
TALENT INVESTMENT AGENCY
Unemployment Insurance
Michelle Beebe, Senior Deputy Director
3024 W. Grand Blvd., Detroit, MI 48202
www.michigan.gov/uia

Authorized by
MCL 421.1 et seq.
WANDA STOKES
TIA DIRECTOR

SSN: _____

Disaster Unemployment Assistance Self-Employment Application and Wage Statement

Complete the remaining portion of this form only if you were Self Employed.

Name: _____ Business Name: _____

Business Address: _____ County: _____

City, State, Zip Code: _____

List below all self-employment since the beginning of the last completed tax year

A. TYPE OF SELF-EMPLOYMENT

Check appropriate box: ☐ Farming ☐ Business ☐ Other _____

Ownership: ☐ Sole Owner ☐ Partner

Are other family members also self-employed in this enterprise? ☐ Yes ☐ No

If Yes, provide: Name: _____ S.S. No.: -

Name: _____ S.S. No.: -

If more space is needed, continue on a separate sheet of paper.

B. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part.)

1. Describe the nature of your self-employment; indicate how long you have been self-employed. _____

2. Did this self-employment require any part of your time in the performance of services? ☐ Yes ☐ No

If No, explain. _____

3. Were you performing any services in connection with this self-employment at the time of the disaster? ☐ Yes ☐ No

If No, explain why not. If Yes, identify services being performed. _____

4. Did the disaster prevent you from performing all services in connection with self-employment? ☐ Yes ☐ No

If No, identify services being performed. _____

5. Since becoming unemployed, have you been performing, or are you able to perform, any services in restoring or improving the value or profit-making capability of your self-employment? ☐ Yes ☐ No

If Yes, explain. _____

SSN: _____

6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? ☐ Yes ☐ No

If No, explain: _____

7. Do you have any work other than self-employment? ☐ Yes ☐ No

Type of work: _____ Hours per Week: _____ Gross Weekly Wages: _____

Effect of disaster on this work: _____

C. FARMING (If your self-employment is not in farming, go to #15)

8. If your self-employment is in farming, what are your customary crops and/or products (e.g., wheat, corn, soybeans, sugar beets, milk, eggs, pork, beef, etc.) _____

9. What is the size of the farm that you operate? 1) _____ Acres located in _____ County
2) _____ Acres located in _____ County

10. What is the number of acres you have in the crop? _____ Acres located in _____ County

11. Are you the operator of the farm? ☐ Yes ☐ No

If No, name of principle operator _____

12. Other than for reasons that you were unable to start field work or other associated duties with your farming because of the disaster, list the crops and number of acres you were scheduled to plant on the date the disaster occurred.

Crop List	Number of Acres
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____

13. List the kind of Livestock cared for:

Livestock	Number of Livestock
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____

If cows were currently being cared for, how many are currently being milked? _____

14. Did the disaster cause you to sell any livestock that you otherwise would have kept? ☐ Yes ☐ No
If Yes, give the number sold _____

15. How many hours each week did you work prior to the disaster? _____

16. Has your ability to work the hours that you worked prior to the disaster decreased? ☐ Yes ☐ No

17. How many hours each week did you work during the disaster? _____

Give the date you expect to resume working the same number of hours you worked before the disaster occurred? _____

18. What steps have you taken since the disaster to return your business back to normal working conditions?

19. Fill in your customary weekly full-time hours for each of the periods checked below:

	Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40		Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40
	12/27/15 through 01/02/16			06/05/16 through 06/11/16	
	01/03/16 through 01/09/16			06/12/16 through 06/18/16	
	01/10/16 through 01/16/16			06/19/16 through 06/25/16	
	01/17/16 through 01/23/16			06/26/16 through 07/02/16	
	01/24/16 through 01/30/16			07/03/16 through 07/09/16	
	01/31/16 through 02/06/16			07/10/16 through 07/16/16	
	02/07/16 through 02/13/16			07/17/16 through 07/23/16	
	02/14/16 through 02/20/16			07/24/16 through 07/30/16	
	02/21/16 through 02/27/16			07/31/16 through 08/06/16	
	02/28/16 through 03/05/16			08/07/16 through 08/13/16	
	03/06/16 through 03/12/16			08/14/16 through 08/20/16	
	03/13/16 through 03/19/16			08/21/16 through 08/27/16	
	03/20/16 through 03/26/16			08/28/16 through 09/03/16	
	03/27/16 through 04/02/16			09/04/16 through 09/10/16	
	04/03/16 through 04/09/16			09/11/16 through 09/17/16	
	04/10/16 through 04/16/16			09/18/16 through 09/24/16	
	04/17/16 through 04/23/16			09/25/16 through 10/01/16	
	04/24/16 through 04/30/16			10/02/16 through 10/08/16	
	05/01/16 through 05/07/16			10/09/16 through 10/15/16	
	05/08/16 through 05/14/16			10/16/16 through 10/22/16	
	05/15/16 through 05/21/16			10/23/16 through 10/29/16	
	05/22/16 through 05/28/16			10/30/16 through 11/05/16	
	05/29/16 through 06/04/16			11/06/16 through 11/12/16	

SSN: _____

	11/13/16 through 11/19/16			12/11/16 through 12/17/16	
	11/20/16 through 11/26/16			12/18/16 through 12/24/16	
	11/27/16 through 12/03/16			12/25/16 through 12/31/16	
	12/04/16 through 12/10/16			01/01/17 through 01/07/17	

D. WAGE STATEMENT FOR SELF-EMPLOYED INDIVIDUALS

Please Provide Your Statement of Estimated Net Earnings for the Most Recently Completed Tax Year

Tax Year Beginning _____ **Tax Year Ending** _____

Enter you NET earnings/losses for the tax year listed above. If you do not provide a copy of your tax return or other proof of these earnings within 21 days of application for DUA, your weekly benefit amount will be redetermined to be the minimum DUA weekly benefit, and you will be required to repay benefits that have been overpaid.

QTR Ending _____	QTR Ending _____	QTR Ending _____	QTR Ending _____	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Acceptable proof of earnings include:

- Schedule C or C-EZ for sole owners of business
- Schedule F for farm income
- Schedule E on form 1065 with Schedule K-1 for partnerships
- Other documents that provide verification of self-employment earnings for the above tax year

I CERTIFY that the information I have given on all pages of this form is correct and complete to the best of my knowledge and belief. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE READ the statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE Program.

YOUR SIGNATURE: _____ **DATE:** _____

Your form must be completed and mailed to Unemployment Insurance, P.O. Box 169, Grand Rapids, Michigan, 49501-0169. Include any additional required document. Allow 5 days for mail delivery. You can also fax your form and any additional required documents to UI at 1-517-636-0427. If you have any additional questions regarding this form, call 1-866-500-0017 (TTY customers use 1-866-366-0004).

RICK SNYDER
GOVERNOR



STATE OF MICHIGAN
TALENT INVESTMENT AGENCY

Unemployment Insurance
Michelle Beebe, Senior Deputy Director
3024 W. Grand Blvd., Detroit, MI 48202
www.michigan.gov/uia

Authorized by
MCL 421.1 et seq.

WANDA STOKES
TIA DIRECTOR

NOTICE TO REGISTER FOR WORK

Anytime you file a new regular claim, or a claim under a different program (such as Extended Benefits) you must register before you can be eligible for unemployment benefits. For your registration to be complete, you must **report in person** with this form to any

Michigan Works! Agency (MWA) Service Center **no later than three business days** before your first certification through your **Michigan Web Account Manager (MiWAM)** or with **Michigan's Automated Response Voice Interactive Network (MARVIN)**. Take this form to any MWA to verify that you have placed your profile on the Michigan Talent Bank for Employment Services. Computer services are available at any MWA Service Center.

Name: _____

SSN: _____ - _____ - _____

MICHIGAN WORKS! INSIGNIA WITH ENTRY DATE

Call 1-800-285-WORK (9675) to be connected with the MWA nearest you.

The MWA must stamp this form and return it to you once they have verified your profile. The MWA will notify Unemployment Insurance that you have registered for work. Keep this form for the duration of your benefits program as proof the you have registered for work. Your benefit program may be affected later if your registration cannot be proven.

If you were not given an approved waiver from Unemployment Insurance at the time of filing, you must register for work to be eligible for unemployment benefits.

Your Monetary Determination will notify you if the requirement to register for work has been waived. If the requirement has not been waived, you must register for work to be eligible for unemployment benefits.

Explanation of Work Search Requirement

Section 28(6) of the Michigan Employment Security (MES) Act requires that you look for work each week you are claiming unemployment benefits. You must contact a minimum of two employers within each week, and report the details and actions taken for each work search. Complete and submit your record of work search so that it is received by Unemployment Insurance no later than four weeks from the "First Week Ending Date" on the form. You can also submit your Form UIA 1583, *Record of Work Search*, through your MiWAM account, by fax, mail, or in person to an Unemployment Insurance Problem Resolution Office. Computer and fax services are available at any Michigan Works! Agency (MWA) location. Your work search is subject to audit and verification. To prove benefit eligibility, you must maintain records of your work search (for example, copies of mailed documents, emails and other online confirmations).

(See other side for more information)

Additional copies of Form UIA 1583, *Record of Work Search*, can be obtained online at www.michigan.gov/uia under the *Forms* link or at any MWA location. An example of a complete and valid record is shown below.

Date of Contact	Name of Employer	Employer Address/ Telephone Number <small>(If contacted by phone, must provide phone number.)</small>	Name and Title of Person Contacted	Method of Contact <small>(Phone, in person, online, email, fax)</small>	Type of Work	Action Taken <small>(Application/Résumé submitted, interview, not accepting applications, etc.)</small>
First Week Ending Date: <u>11/12/16</u>						
Requirement: Two job contacts must have occurred from Sunday through Saturday of each calendar week						
11/7/16	ABC Company	123 Elm St. Lansing, MI	None listed	Online	Typesetter	Application submitted
11/9/16	XYZ Construction	517-555-6789	John Smith - Owner	Phone	Office manager	Interview scheduled



Bi-Weekly Paper Certification for Disaster Unemployment Assistance Benefits (DUA)

Name: _____	Telephone Number: _____
Current Address: _____ Apt/Lot # _____	
City, State, Zip Code: _____	
Social Security Number: _____	
Weeks claimed: Use calendar week ending (Saturday) dates: 1st week _____ 2nd week _____	

IMPORTANT: Read this paragraph carefully before completing this form. This form cannot be accepted or processed by Unemployment Insurance (UI) until after the last date in the box above, but it must be received by UI within 7 calendar days of that date. If received or postmarked **before** the last date in the box above, or beyond the 7 days, or if you fail to supply requested information (including any earnings for claimed weeks), payment of your claim will be delayed. Your completed form must be mailed to: UI, PO Box 169, Grand Rapids, MI 49501-0169, or fax to: 1-517-636-0427. If you have any questions about this form, call 1-866-500-0017 (TTY customers call 1-866-366-0004). Also you must submit Form UIA 1583, *Record of Work Search*, every month showing where you looked for work.

INSTRUCTIONS: For each week in the box above, answer the questions by filling in requested information.
Enter any comments in the space below.

	1st Week	2nd Week
1. Did you return to full-time work or resume full self-employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you perform any work for another or engage in self-employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, enter the number of hours during each week.	_____ hrs.	_____ hrs.
If employed, enter gross earnings earned during each week.	\$ _____	\$ _____
If self-employed, enter gross amount received during each week and check box.	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
3. Have you applied for:		
a. Unemployment compensation under any state or federal law?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any amount for loss of wages due to illness or disability? If Yes, see d.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Any type of private income protection insurance? If Yes, see d.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. If you answered Yes to b or c:		
What amount was received or will be received?	\$ _____	\$ _____
If unknown, insert a question mark(?)		
What period does (or will) these benefits cover?	_____	_____
4. Were you able to work full-time for each week claimed, Sunday through Saturday? If No, explain in the comments section below.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Were you available for work? If No, explain in the comments section below.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Did you seek work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you refuse any offer of work? If yes, explain in the comments section below.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

CERTIFICATION

I certify that the information I have provided on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance. I realize that these benefits are federally funded and that penalties are prescribed by law for the willful misrepresentation or concealment of material facts in order to obtain benefits which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Claimant's Signature _____ Date _____

DO NOT SIGN, DATE OR MAIL BEFORE THE DATE ABOVE

INSTRUCTIONS FOR COMPLETING SELF-EMPLOYMENT PROFIT OR LOSS STATEMENT

If you are self-employed, like operating a business for yourself, or performing services for others as a self-employed person, you must complete Form UIA 1785, *Bi-Weekly Paper Certification Calculating Self-Employment Profit or Loss*. As a self-employed worker, you must keep receipts of all your business expenses and records of the money you received from the sale of goods or services. For each week for which you are claiming benefits (Sunday through Saturday), you must report your business expenses and the money you received or expect to receive in the future from the sales of goods or from work or services you performed in the week. There are two types of receipts, **total cost of doing business receipts** and **total receipts**.

1. The **total cost of doing business** is your business expenses. These are payments you make to cover the expenses of operating your business.
 - Some are **prorated** because they are large, determinable expenses like rent or insurance that is made on a yearly, quarterly or monthly basis. Examples of large fixed expenses paid at regular intervals (monthly, quarterly, or yearly) are: rent for business premises, utilities and fuel, leasing equipment, insurance premiums, interest, real estate tax, personal property tax, license fees, or permits. These expenses are prorated to cover the week you are claiming. This is done by taking the monthly expense and dividing it by 4.3 to get the weekly expense.
 - The **other** expenses are what you paid out as business expenses during the week you are claiming unemployment benefits. For example, you cannot use the cost of a car as a business expense because it is a capital asset, but you can include in your weekly expenses the gas you need to fuel your car. Include in weekly expenses such things as: office supplies, cleaning and repair materials, advertising, cost of transportation, wages, cleaning services, delivery services, bank charges and fees.
 - ♦ **Add** together your **prorated** expenses and your **other** expenses to get your **total cost of doing business** for any particular week.
2. The **Total receipts** is the cash amount of any sales made during the week covered and the amount due for any services performed during the week you are claiming, even if you have not received the payment. Receipts for sales made or payment for services performed must always be counted as current receipts as of the date they become accounts receivable, regardless of when you actually receive the cash. The receipts can include receipts for sales, fees, commissions, or payment of any kind to your business. You should keep detailed records showing all monies received for the sale of goods for work or services performed in self-employment. Unemployment Insurance can ask that you show the receipts to substantiate your claim for unemployment benefits.
 - ♦ **Add** all your receipts. This sum is your total receipts.
 - ♦ **Subtract** your total cost of doing business from your total receipts.
 - ♦ This equals your **gross profit or loss**.



Name: _____

MIN: _____

Bi-Weekly Paper Certification Calculating Self-Employment Profit or Loss

If you have marked "Yes" to earnings in question #11 of the Bi-Weekly Paper Certification and wrote in "self-employed", fill out the following to calculate self-employment profit or loss. When reporting your earnings from self-employment, report your gross profit (receipts minus your business expenses). See the instructions on page 4 for some examples.

EXPENSES

1. Large, fixed expenses paid at regular intervals (monthly, quarter, year) must be prorated to a weekly basis. Show the total of these expenses on line #1.
2. Divide the monthly amount on Line #1 by 4.3 to calculate the prorated amount for that week.
3. Add all other expenses that were paid during the week(s) you are claiming. Put the total in line #3.
4. Enter the total of your expenses by adding lines #2 and #3. Put the total in line #4.

	Week Ending / /	Week Ending / /
1. Expenses paid monthly	\$ _____	\$ _____
2. Divide by 4.3 = weekly expense	\$ _____	\$ _____
3. Add all other expenses paid during the week	\$ _____	\$ _____
4. Total expenses	\$ _____	\$ _____

RECEIPTS

Total the receipts (monies) from sales, fees, commissions or payments of any kind made in connection with the operation of your business. Enter the total amount for each week on line #5.

5. Receipts for Sales & Service \$ _____ \$ _____

GROSS PROFIT OR GROSS NEGATIVE PROFIT (LOSS)

To find the Gross Profit or Loss, subtract line #5 from Line #4.

6. Gross Profit or Gross Negative Profit \$ _____ \$ _____

CERTIFICATION: *I understand that the answers I give may affect my benefit payments. I certify that I am the individual claiming benefits. I understand answering questions or certifying for benefits for anyone other than myself is fraud and is punishable by law. I understand that making false statements, concealing information or misrepresenting facts is fraud. I understand that if I give false information to receive benefits I will have to repay the benefits and my claim may be stopped, I may be required to pay penalties of up to four times the amount fraudulently received, the loss of remaining UI benefits, and if I am overpaid more than \$3,500, possible criminal prosecution for a felony. Community service and jail time may apply as well as court costs and other fines. I understand the penalties for committing fraud and certify that the answers I have given for the weeks reported herein are true and correct.*

Signature _____ Date _____



State of Michigan
TALENT INVESTMENT AGENCY
UNEMPLOYMENT INSURANCE
Michelle Beebe, Senior Deputy Director
3024 W. Grand Blvd., Detroit, MI 48202
www.michigan.gov/uia

Instructions for Completing the Record of Work Search

You can report your work search efforts online through the Michigan Web Account Manager (MiWAM) by visiting www.michigan.gov/uia or by completing and submitting this form in the manner identified below. Your documented effort to seek work may be subject to a random audit. Creating a profile on a jobs website or viewing an employer's website does not constitute a valid work search. You must apply for a specific job in the manner prescribed in the job posting. **If you do not complete and submit this form each month, a determination will be made on your eligibility for those week(s) you were paid but did not submit this work search.** This may have an effect on your eligibility for future payments and/or you may be required to pay back the benefits you received for the week(s) in question, plus any applicable interest and penalties.

In accordance with the Michigan Employment Security (MES) Act, Section 28(6)(b), this form must be received by Unemployment Insurance no later than the end of the fourth week from the "First Week Ending Date" that you listed on the reverse side of this form. If you certify for the "First Week Ending Date" and return to work, the Work Search must be submitted within four weeks of the first week ending date in order for it to be on time. You do not have to wait to complete the four weekly searches to submit this form.

For example: On the calendar below, the first week ending date is Saturday the 6th. The work search report must be submitted and received by Unemployment Insurance no later than the 4th week after the first week ending date to be considered on time. In the calendar the first certification week ending date and last week are shaded. Your work search report must be received by the Saturday the 3rd.

S	M	T	W	T	F	S	
	1	2	3	4	5	6	1st Week
7	8	9	10	11	12	13	2nd Week
14	15	16	17	18	19	20	3rd Week
21	22	23	24	25	26	27	4th Week
28	29	30	31	1	2	3	UI Must Receive Form

SUBMITTING YOUR WORK SEARCH

You must submit your completed work search online by logging into your MiWAM account at www.michigan.gov/uia, or by mailing or faxing your completed work search to:

Multi-Service Center
9023 Joseph Campau
Hamtramck, MI 48212
Fax Number: 1-517-636-0427

You may also submit the record of work search in person at an Unemployment Insurance Problem Resolution Office. **Computer and fax service are available at any Michigan Works! Agency location.**

The following information must be completed for two employers per week on the Record of Work Search form in order to continue to receive benefit payments.

- **Week Ending Date** – these dates are for the weeks you are claiming. The dates start on Sunday and end on Saturday. Write the Saturday date for each week.
- **Date of Contact** – the dates of your work search must fall within the week ending date (Sunday through Saturday) for each week.
- **Name of Employer** – write the name, if known, of the employer, employment service or agency that was contacted. If the contact was made online and the employer was not specified, enter the name of the search engine of job posting number.
- **Employer Address/Telephone Number** – enter the physical address or location of the position applied for. If the contact was made by telephone, enter the telephone number used.
- **Name and Title of Person Contacted** – enter the name and title, if known, of the person contacted, or the area contacted (e.g., human resources department, website address), or indicate "not known."
- **Method of Contact** – enter how contact was made, (e.g., in person, phone, mail, fax, email, online)
- **Type of Work** – enter the type of work applied for (e.g., factory worker, retail sales, wait staff, truck driver, etc.)
- **Action Taken** – enter actions taken during work search, (e.g., submitted résumé and/or application, not accepting applications, not hiring, scheduled for interview, etc.)

If you have any questions about this form or work search requirements, contact customer service at 1-866-500-0017 (TTY customers use 1-866-366-0004) between 8:00 AM and 4:30 PM Eastern Time, Monday through Friday.

Record of Work Search

Section 28(6) of the Michigan Employment Security (MES) Act requires that you look for work for each week you are claiming unemployment benefits. You must contact a minimum of two employers within each week, and report the details and actions taken for each work search. Complete and submit your record of work search so that it is received by Unemployment Insurance no later than four weeks from the "First Week Ending Date" on the form. You can submit your record of work search through your MiWAM account, by fax, by mail, or in person to an Unemployment Insurance Problem Resolution Office. Computer and fax services are available at any Michigan Works! Agency (MWA) location. Your search is subject to audit and verification. To prove benefit eligibility, you must maintain records of your work search (for example, copies of mailed documents, emails, and other online confirmation). Keep a copy for your records. **Detailed instructions on back side.**

Date Mailed/Faxed: _____

Enter your Social Security Number

Name: _____

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(Please print clearly and use black ink)

Date of Contact	Name of Employer	Employer Address/ Telephone Number (Must provide phone number)	Name and Title of Person Contacted	Method of Contact	Type of Work	Action Taken (Application/Resumé submitted, interview, etc.)
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First Week Ending Date: _____ Requirement: Two job contacts must have occurred from Sunday through Saturday of each calendar week.

Second Week Ending Date: _____ Requirement: Two job contacts must have occurred from Sunday through Saturday of each calendar week.

Third Week Ending Date: _____ Requirement: Two job contacts must have occurred from Sunday through Saturday of each calendar week.

Fourth Week Ending Date: _____ Requirement: Two job contacts must have occurred from Sunday through Saturday of each calendar week.

Your Certification: By signing this form, I am reporting my work searches for the week(s) shown above. The information reported on this form is true and correct to the best of my knowledge and belief. Under section 54 of the Michigan Employment Security (MES) Act, MCL 421.54, intentional misrepresentation of facts are subject to civil and criminal penalties, including an administrative penalty of up to four times the amount of the overpayment received as a result of the intentional misrepresentation and/or criminal prosecution in the form of a misdemeanor or a felony.

Signature: _____ **Telephone Number** _____ **Date:** _____



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TIA is an equal opportunity Employer/Program.

State of Michigan
Talent Investment Agency
Unemployment Insurance
9023 Joseph Campau
Hamtramck, MI 48212



Rick Snyder
Governor



Wanda M. Stokes
Director

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UI Website: www.michigan.gov/uia

The UI is ADA and EEO compliant.

Authority: MCL 421.1, et seq.

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